EXECUTIVE LOBBYING EXPENDITURE REPORT FORM 507 COVERING JANUARY 1 - JUNE 30, DUR AUGUST 15	Bragnive Lobbyist Registratio	n No
COVERING JANUARY 1 - DECEMBER 31, DUE FERRUARY 15	POR OFFEE USE	CNI,
Mail to: the Board of Dinics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808 Rax to: (225)763-8787 ox (225)763-8780	F-ER2	15/4
1. Name BALLARD JATES K	3071135	
2 BOSTON ADDRESS 4136 HICKSIDE DESCE NICHARD AR	72/10	
2 Brostopese Address: 4136 HIKESIDE DRIVE N. Lidle Kick AK Street and No. Cary Street Mailing Address: 4136 Hillside Drive. N. Little Rock	AR 12118	- 50
S. Business Phone 870 - 249 -670 Z Area Code and Telephone Number		
4. Total of all energiate lobbying expenditures made Jamary 1 through June 30: (Include expenditures from Schröder A and E) 5. Total of all executive lobbying expenditures made July 1 through December 31: (When Applicable) (Include expenditures from Schadules A and E) 6. Total of all executive lobbying expenditures made during calendar year: (Line 4 added to Line 5 should equal Line 6) 7. Did you make an expenditure exceeding 350 nm one occasion for an executive branch o	91.25	
From January 2 through June 307 Yes No	NA 🗆	
If the answer to either question in Number 7 above is YES, complete Schedule A and as	(2/2)	
8. Did you make expanditures exceeding the sum of \$250 for an executive branch official:	25.5	DV.
From July 1 through June 307 Yes \(\begin{array}{cccccccccccccccccccccccccccccccccccc	NA 🗖	
If the answer to mither question in Manher 8 above is YES, complete Schodule A and att	** .	
9. Did you supend funds for any reception, social gathering, or other function to which me officials were invited during this reporting period?		ž)
Yes 🔲 No 🌃		
If the answer to Number 9 shows is YES, complete Schedule B and strack.		
Pogo 907, Rev. 7004 Page 1 of 3		

EXECUTIVE LOBBYING EXPENDITURE REPORT

Executive Leithylin Registration No.

10. PROVIDE BELOW (a) the name of the executive branch department as listed in the executive branch schedule; (b) the aggregate total of all expenditures attributable to the department made during the January 1 - June 30 reporting period; (c) the aggregate total of all expenditures attributable to the department made during the July 1 - December 31 reporting period when applicable; (d) the aggregate total of all expenditures made in a calendar year attributable to the department.

1)	a Name of Department Separtment of Hea	eth & Hospitals
	b. Total of all expenditures made January 1 through June 30:	s 91.25
	 c. Total of all expenditures made July 1 through December 31: (When applicable) 	s O
	d. Total of all expenditures made during the calcular year:	s 91.25
2)	a. Name of Department	
	b. Total of all expenditures made January 1 through June 30:	s
	 c. Total of all expenditures made July 1 through December 31: (When applicable) 	\$
	d. Total of all expenditures made during the calendar year:	\$ <u></u>
3)	a. Name of Department	
	b. Total of all expenditures made January 1 through June 30:	ŧ
	c. Total of all expenditures made July 1 through December 31: (When applicable)	\$
	d. Total of all expenditures made during the calendar year:	\$
schedu the aga	OVIDE BELOW (a) the name of the executive branch department le; (b) the aggregate total of all expenditures attributable to the age pregate total of all expenditures auxibutable to the agency made du like; (d) the aggregate total of all expenditures made in a calendar y	ency made during the January 1 - June 30 reporting period: (c) ring the July 1 - December 31 reporting period when the straightful to the agency
1)	a. Name of Department and Individual Agency.	Health + Hospitat, Louisiana Rolof Pharmer
	b. Total of all expenditures made January 1 through June 30:	s: 91.25
	 c. Total of all expenditures toade July 1 through December 31: (When applicable) 	<u>. O</u>
	d. Total of all expenditures made during the calendar year.	s 91.25

2)	a. Name of Department and Individual Agency.	
	b. Total of all expanditures made January 1 through June 30:	
	 Total of all expenditures made July I through December 31: (When applicable) 	2
	d. Total of all expenditures made during the calcular year.	<u> </u>
3)	a. Name of Department and Individual Agency.	200 AN ANTOCOLO AD
	b. Total of all expenditures made January 1 through June 30:	F
	c. Total of all expenditures made July 1 through December 31: (When applicable)	<u> </u>
	d. Total of all expendintess made during the calendar year:	6
		The state of the s

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; that all reportable expenditures have been included herein; and that no information required by LSA-RS, 49.71 at seq. has been deliberately omitted.

Signature at Lobinstat

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